

SAMPLE COLLECTION AND CHAIN OF CUSTODY RECORD

NORTHERN LAKE SERVICE, INC.

CLIENT Bad River W.W.T.P.		
ADDRESS P.O. Box 39		
CITY Odanah	STATE WI	ZIP 54861
PROJECT DESCRIPTION / NO. LLM / ULLM		QUOTATION NO.
DNR FID #		DNR LICENSE #
CONTACT Pat Hunt		PHONE 715 685 7878
PURCHASE ORDER NO. 158495		FAX 715 682 7725

Wisconsin Lab Cert. No. 721026460
WI DATCP 105-000330

Analytical Laboratory and Environmental Services

400 North Lake Avenue • Crandon, WI 54520-1298

Tel: (715) 478-2777 • Fax: (715) 478-3060

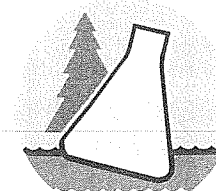
MATRIX:

SW = surface water
WW = waste water
GW = groundwater
DW = drinking water
TIS = tissue
AIR = air
SOIL = soil
SED = sediment
PROD = product
SL = sludge
OTHER

USE BOXES BELOW: Indicate Y or N if GW Sample is field filtered.

Indicate G or C if WW Sample is Grab or Composite.

ANALYZE PER ORDER OF ANALYSIS	USE BOXES BELOW: Indicate Y or N if GW Sample is field filtered.									
	Indicate G or C if WW Sample is Grab or Composite.									
Low level morning	G									
	C									
High level morning										
Low level afternoon										
High level afternoon										



NO. 145729

ITEM NO.	NLS LAB. NO.	SAMPLE ID	COLLECTION		MATRIX (See above)											COLLECTION REMARKS (i.e. DNR Well ID #)
			DATE	TIME												
1.	811772	Birch Hill Lagoon Influent	8-19-14	1 pm	WW	X										
2.																
3.	773	Diaperville Lagoon Influent	8-19-14	1:15 pm	WW	X										
4.																
5.																
6.	774	Plant Influent	8-19-14	12: pm	WW	Y										
7.																
8.	775	Plant field blank	8-19-14	12:30 pm	WW	X										
9.		Effluent														
10.	776	Plant Effluent	8-19-14	12:30 pm	WW	X										

COLLECTED BY (signature) <i>Phil Swenson</i>	CUSTODY SEAL NO. (IF ANY) 8-19-14	DATE/TIME 2 pm
RELINQUISHED BY (signature)	RECEIVED BY (signature)	DATE/TIME
DISPATCHED BY (signature)	METHOD OF TRANSPORT	DATE/TIME

REPORT TO Bad River WWTP P.O. Box 39 Odanah, WI 54861
INVOICE TO Bad River WWTP P.O. Box 39 Odanah, WI 54861

RECEIVED BY NLS BY (signature) <i>Marni Reese</i>	DATE/TIME 8-20-14 9:30	CONDITION OK	TEMP.
REMARKS & OTHER INFORMATION			
COOLER #	WDNR FACILITY NUMBER	E-MAIL ADDRESS	

PRESERVATIVE:
NP = no preservative
S = sulfuric acid
N = nitric acid
Z = zinc acetate
M = methanol
OH = sodium hydroxide
HA = hydrochloric & ascorbic acid
H = hydrochloric acid

IMPORTANT:

1. TO MEET REGULATORY REQUIREMENTS, THIS FORM **MUST** BE COMPLETED IN DETAIL AND INCLUDED IN THE COOLER CONTAINING THE SAMPLES DESCRIBED.
2. PLEASE USE ONE LINE PER SAMPLE, **NOT** PER BOTTLE.
3. RETURN THIS FORM WITH SAMPLES - CLIENT MAY KEEP PINK COPY.
4. PARTIES COLLECTING SAMPLE, LISTED AS **REPORT TO** AND LISTED AS **INVOICE TO** AGREE TO STANDARD TERMS & CONDITIONS ON REVERSE.

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